Complete Summary

TITLE

Smoking cessation: percentage of members who were either current smokers or recent quitters and who received advice to quit smoking.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 3, Specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 254 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of members 18 years and older who were continuously enrolled during the measurement year, who were either current smokers or recent quitters, who were seen by a managed care organization (MCO) practitioner during the measurement year and who received advice to quit smoking.

RATIONALE

Smoking has a significant impact on mortality from smoking-related diseases. Smoking cessation reduces the risk of premature death, and sources indicate that 70% of smokers are interested in stopping smoking completely. This measure addresses whether smokers and recent quitters who were seen by a managed care organization (MCO) practitioner during the measurement year received advice to quit smoking. It has been shown that clinician advice to stop smoking improves cessation rates by 30%.

PRIMARY CLINICAL COMPONENT

Smoking cessation advice

DENOMINATOR DESCRIPTION

The number of members who responded to the survey and indicated that they were either current smokers or recent quitters and that they had one or more

visit(s) with a managed care organization (MCO) practitioner during the measurement year

NUMERATOR DESCRIPTION

The number of members in the denominator who responded to the survey and indicated that they had received advice to quit smoking from a managed care organization (MCO) practitioner during the measurement year

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance

EVIDENCE SUPPORTING NEED FOR THE MEASURE

National Committee for Quality Assurance (NCQA). The state of health care quality 2003: industry trends and analysis. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 61 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing

Decision-making by consumers about health plan/provider choice
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Measure is not provider specific

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

The prevalence of smoking in the U.S. population was 24% (47 million adults) in 1998.

EVIDENCE FOR INCIDENCE/PREVALENCE

Cigarette smoking among adults--United States, 1998. MMWR Morb Mortal Wkly Rep 2000 Oct 6;49(39):881-4. PubMed

ASSOCIATION WITH VULNERABLE POPULATIONS

Adolescents and women during pregnancy. Women who stop smoking before pregnancy or during the first three months of pregnancy reduce their risk of having a low birthweight baby to the same risk as women who never smoked.

EVIDENCE FOR ASSOCIATION WITH VULNERABLE POPULATIONS

Marks JS, Koplan JP, Hogue CJ, Dalmat ME. A cost-benefit/cost-effectiveness analysis of smoking cessation for pregnant women. Am J Prev Med 1990 Sep-Oct;6(5):282-9. PubMed

U.S. Department of Health and Human Services. Preventing tobacco use among young people. A report of the Surgeon General. Washington (DC): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health; 1994.

BURDEN OF ILLNESS

Smoking is the leading preventable cause of death in the United States, and is responsible for more than 430,000 deaths each year. Smoking causes cardiovascular diseases, lung and other cancers, chronic obstructive pulmonary disease, and low birth weight. One out of two lifelong smokers will die from a smoking-related disease.

EVIDENCE FOR BURDEN OF ILLNESS

McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA 1993 Nov 10;270(18):2207-12. PubMed

Smoking-attributable mortality and years of potential life lost--United States, 1984. MMWR Morb Mortal Wkly Rep 1997 May 23;46(20):444-51. PubMed

U.S. Department of Health and Human Services. Reducing the health consequences of smoking: 25 years of progress: a report of the Surgeon General: 1989 executive summary. Rockville (MD): U.S. Dept. of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1989. (DHHS publication; no. (CDC) 89-8411).

UTILIZATION

Unspecified

COSTS

The total economic cost of smoking including direct medical costs and loss of productivity was at least $100 billion in 1990. The direct medical costs associated with smoking were 7.1% of the national direct medical expenditures. Compared to nonsmokers, smokers will use an excess of $7,515 (men) and $8,804 (women) in health care services (in 1983 dollars) over the remainder of their lifetimes.

EVIDENCE FOR COSTS

Herdman R, Hewitt M, Laschober M. Smoking-related deaths and financial costs: Office of Technology Assessment estimates for 1990. Washington (DC): Congress of the United States, Office of Technology Assessment; 1993.

Medical-care expenditures attributable to cigarette smoking--United States, 1993. MMWR Morb Mortal Wkly Rep 1994 Jul 8;43(26):469-72. PubMed

Miller LS, Zhang X, Rice DP, Max W. State estimates of total medical expenditures attributable to cigarette smoking, 1993. Public Health Rep 1998 Sep-Oct;113(5):447-58. PubMed

Miller VP, Ernst C, Collin F. Smoking attributable medical care costs in the USA. Soc Sci Med 1999;48:391-95.

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Members age 18 years and older as of December 31 of the measurement year who were continuously enrolled during the measurement year (commercial), the last six months of the measurement year (Medicaid), or six months of the measurement year prior to the Centers for Medicare and Medicaid Services' (CMS) administration of the survey (Medicare), with no more than one gap in enrollment of up to 45 days during the measurement year and currently enrolled at the time the survey is completed

DENOMINATOR (INDEX) EVENT

Encounter
Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of members who responded to the survey and indicated that they were either current smokers or recent quitters and that they had one or more visit(s) with a managed care organization (MCO) practitioner during the measurement year

Exclusions
Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions
The number of members in the denominator who responded to the survey and indicated that they had received advice to quit smoking from a managed care organization (MCO) practitioner during the measurement year

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data and patient survey

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid plans.

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Medical assistance with smoking cessation.

MEASURE COLLECTION

HEDIS® 2005: Health Plan Employer Data and Information Set

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

For commercial and Medicaid members, this measure is collected using the HEDIS (Health Plan Employer Data and Information Set) version of the CAHPS® (Consumer Assessment of Health Plans) survey (CAHPS® 3.0H Adult Survey).

For Medicare members, this measure is collected, calculated and reported by the Centers for Medicare and Medicaid Services (CMS) using the Medicare version of the CAHPS® survey, (Medicare CAHPS® survey).

CAHPS® 3.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

PARENT MEASURE

CAHPS® (Consumer Assessment of Health Plans) 3.0 (Agency for Healthcare Research and Quality [AHRQ])

RELEASE DATE

1999 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 3, Specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 254 p.

MEASURE AVAILABILITY

The individual measure, "Medical Assistance with Smoking Cessation," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

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Date Modified: 10/25/2004